

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/28/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Pediatric Orthopedics And Orthopedic Surgery

Description of the service or services in dispute:

Orthovisc Injection 4 series
Steroid Injection

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female who reported an injury on XX/XX/XX. Her diagnosis was noted as medial meniscus tear. The patient was noted to be status post right knee arthroscopy, meniscectomy. The patient presented on XX/XX/XX, with right knee pain and swelling. The patient reported improved knee symptoms after the injection in XX, but reported persistent pain and swelling. The physical examination of the right knee revealed a well healed incision. There was medial joint line tenderness to palpation with effusion. Range of motion was 0 to 120 degrees. There was no valgus or varus instability present on provocative testing. Flexion and extension were 5/5. The patient ambulated with a mildly antalgic gait. The treatment plan was to proceed with injection therapy in the right knee. The patient underwent 4 series of injections, with injections on XX/XX/XX, XX/XX/XX, XX/X/XX, and XX/XX/XX.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The decision to deny Orthovisc injection 4 series and steroid injection should be upheld. Per the Official Disability Guidelines, hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis and had not responded adequately to recommended conservative nonpharmacological therapy after 3 months. Repeat series of injections are supported after a review of efficacy. The guidelines recommend no more than a 3 series of injections over a 5 year period due to a possible decline in effectiveness. The Official Disability Guidelines also indicate that corticosteroid injections are recommended for short term use only. Corticosteroid injections are recommended for documented symptomatic severe osteoarthritis, with bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation less than 40 mm/R; less than 30 minutes of morning stiffness, no palpable warmth of synovium; patients over 50 years of age; rheumatoid factor less than 1 hour 40 minutes titer; and synovial fluid signs. Corticosteroid injections are recommended for pain not controlled adequately the recommended conservative treatment and pain that interferes with functional activities. The most recent physical

examination was dated XX/XX/XX, in which the patient complained of persistent right knee pain and swelling. It was noted that the patient was status post right knee arthroscopy meniscectomy and had reported improved knee symptoms after injection in XX/XX. Case management notes indicate that the patient was seen on XX/XX/XX, with right knee pain and limited and painful range of motion. Clarification is needed in regard to the current request as to whether the request is for right knee pain documented on XX/XX/XX or XX/XX/XX. Clarification is also needed in regard to the patient's response to the injections received on XX/XX/XX, as efficacy is needed to determine whether repeat injections would be warranted. The rationale for requesting 4 series of Orthovisc injections and a steroid injection was not provided. Additionally, no more than a 3 series of injections over a XX year period is supported. Due to a lack of pertinent information, the requested Orthovisc injection 4 series and steroid injection are not medically necessary and the decision to deny the request should be upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)